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Technology Center 2600

-Attorney Docket No. 450100-02829

Issue Fee of Application of 09/706,116

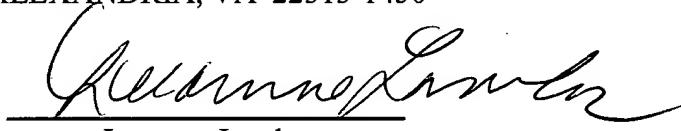
DIGITAL BROADCASTING RECEPTION SYSTEM, DIGITAL BRAODCASTING RECEIVER, DISPLAY, PRINTER AND PRINTING METHOD

Express Label No.: EU490720914US

Date of Deposit: July 1, 2003

I hereby certify that this application and the accompanying papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to:

MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450



Leeanne Lawlor
Date: July 1, 2003



7-3-3

PATENT
450100-02829

2614

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Toshio Narushina et al.)
Serial No.: 09/706,116) Examiner: desir, Jean Wicel
Filed: November 3, 2000) Art Unit 2614
For: DIGITAL BROADCASTING)
RECEPTION SYSTEM, DIGITAL)
BROADCASTING RECEIVER,)
DISPLAY, PRINTER AND)
PRINTING METHOD)

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JUL 08 2003

Technology Center 2600

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

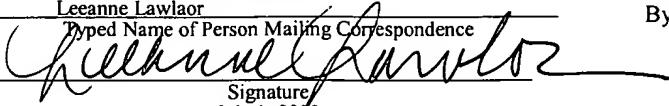
Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	49	Minus 20	** =49	* 0 x	\$18 (9)	= \$
Independent claims	5	Minus 3	*** =5	* 0 x	\$84 (42)	= \$
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
 This application contains a multiple dependent claim. The required fee of \$ ____ has been previously paid or is paid herewith
 This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a ____ month extension of time. A check covering the cost of the petition is enclosed.
 A check in the amount of \$ ____ is attached, which covers the cost of additional claims & ____ month petition for extension of time.
 Charge \$ ____ to Deposit Account No. 50-0320.
 Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on July 1, 2003.

Express Mail Label No. EU490720914US

Leeanne Lawlor
Typed Name of Person Mailing Correspondence

Signature
July 1, 2003

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Leonard J. Santisi
Reg. No. 24,135
Tel: 212-588-0800